

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/004101	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51		1		
2							52		1		
3							53	1			
4							54		1		
5							55		2		
6							56		1		
7							57		1		
8							58		1		
9							59		1		
10							60		1		
11							61		1		
12							62		1		
13							63		1		
14							64		1		
15							65	1			
16							66		1		
17							67		2		
18							68		1		
19							69		1		
20							70		1		
21							71		1		
22							72		1		
23							73		1		
24							74		1		
25							75		1		
26							76		1		
27							77		1		
28							78		1		
29							79		1		
30							80		1		
31							81		1		
32							82		1		
33							83		1		
34							84		1		
35							85		1		
36							86		1		
37							87		1		
38							88		1		
39							89		1		
40							90		1		
41							91		1		
42							92		1		
43							93		1		
44							94		1		
45							95		1		
46							96		1		
47							97		1		
48							98		1		
49							99		1		
50							100		1		
TOTAL IND.							TOTAL IND.	5			
TOTAL DEP.							TOTAL DEP.	63			
TOTAL CLAIMS							TOTAL CLAIMS	68			

PTO-1350 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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